## 8 oct 20

HOUSING REFERRAL RECORD										
NAME			RANK			DOD ID#		DATE		
ARRIVAL DATE OF MEMBER	NUMI	BER OF I	DEPS	PR	OJECTION FO	OR GOV'T QUA	RTERS			
				() WITHIN 30 DAYS OF ARRIVAL						
			() BEYOND 30 DAYS OF ARRIVAL							
ARRIVAL DATE OF DEPS	ARRIVAL DATE OF DEPS BDRM				ELECTED TO	O SECURE PRI	VATE COM	MUNITY F	IOUSING	
					() WITHIN 60 DAYS OF					
TLA COMMENCEMENT DATE NUMBER OF 10 DAY EXTENSIONS										
( )1 ( )2 ( )3 ( )4 ( )5 ( )6 - ( )7 ( )8 ( )9 ( )10 ( )11 ( )12										
***Extensions beyond 60 days require CJRM approval***										
To maintain continued eligibility for T Housing Authority, (2) aggressively so cause for termination of entitlement to form will add in supporting your claim	ek perm TLA. I	anent type f it becom	e living ac es necess	ecom ary t	imodations, or ( o request an ext	(3) register with tension of TLA,	the Housing	Referral Of	fice will be	
COMPANY NAME	REAL ESTATE AGENT CONTACTS  AGENT					DATE				
COMI ANT NAME		A			OLIVI		DATE			
Follow up information on leads furnish	had thro	ugh Housi	ng Eiles	Daal	tore and Navien	oner Advertisem	ante			
ADDRESS	NT NO OF BR REASON OF UNSU			F UNSUITABIL	TABILITY DATE					
							T =			
SIGNATURE OF MEMBER							DATE			
IT IS CERTIFIED THAT THE ABOV	/E NAM	IED MEM	IBER CO	MPI	JED WITH FIN	NANCIAL MAN	I JAGEMENT	REGULA	ΓΙΟΝS AND	
JTREGMARIANAS INST 7200.1C IN ACTIVELY SEEKING PERMANENT TYPE QUARTED SIGNATURE (HOUSING AUTHORITY)							DATE			
SIGNATURE (HOUSING AUTHORITT)							DAIL			

JTREGMARIANAS 7200/1 (09-20)